

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-038698

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

5433

STATE FILE NUMBER

VS 300
Rev. 4/59

1

23548

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8

94201

10

11

1290-0

13

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF JOSEPH C. GIBSON MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas City
c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 3332 Brooklyn

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Jackson
b. CITY OR TOWN Kansas City
c. STREET ADDRESS 3332 Brooklyn
Inside Limits Yes ☒ No ☐
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)
First George Middle Lewis Last Fish

4. DATE OF DEATH
Month Oct. Day 24 Year 1962

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
3-13-1869

9. AGE (last birthday)
93 yrs

IF UNDER 1 YEAR
Months Days Hours Min.

IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
NEWSPAPER

10b. KIND OF BUSINESS OR INDUSTRY
K.C. STAR

11. BIRTHPLACE (City and state or country)
BEVERLY, OHIO

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME
James Fish

13b. MOTHER'S MAIDEN NAME
Ruth Beebe

14. NAME OF HUSBAND OR WIFE
Jannie Fish

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
[REDACTED]

17. INFORMANT
Katherine Dunn 3332 Brooklyn

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) acute myocardial infarction

Seizure

INTERVAL BETWEEN ONSET AND DEATH
10 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION
Kansas City

COUNTY
Jackson

STATE
MO.

21. I attended the deceased from January 1950 to Oct 24-1962 and last saw her/him alive on October 24, 1962
Death occurred at Kansas City, Mo. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY
mt. morial

23d. LOCATION (City, town, or county)
Kansas City

(State)
Mo.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Stine & McClure, Kansas City, Mo.

10-26-62

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

Dr. Joseph H. Hester
Rushville, Ill.
Feb 1 - 1980
(will call)
11:30 - 3:00

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard L. Powers

Licensed Embalmer No. 5190

P. O. Address San Jose City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.